



PATENT, 2-3-02 *In*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Riff et al.

Docket: P-9618.00 *# 6*

Serial No.: 09/943,193

Group Art: 3736

Filed: August 29, 2001

Examiner: McCrosky, David J.

Title: MEDICAL DEVICE SYSTEMS IMPLEMENTED NETWORK
SCHEME FOR REMOTE PATIENT MANAGEMENT

Commissioner For Patents
Washington, D.C. 20231

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RESPONSE

TECHNOLOGY CENTER R3700

Sir:

In response to the Restriction Requirement of the Office Action mailed October 23, 2002, applicants elect, with traverse, the species of Species B, substantially defined by Claims 1-21, 32-47 and 66-74.

REMARKS

The traversal is based on applicants' understanding that there is no undue burden imposed on the Examiner to examine the subject application as originally filed.

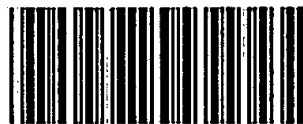
Respectfully submitted,

RIFF ET AL.

By their attorneys,

11/22/02
Date

Girma Wolde-Michael
Atty: Girma Wolde-Michael
Reg. No. 36,724
(763) 514-6402



27581

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
RESPONSE TO RESTRICTION REQUIREMENT TRANSMITTAL**

In re Application of: Riff et al.

For: MEDICAL DEVICE SYSTEMS IMPLEMENTED NETWORK SCHEME FOR REMOTE PATIENT MANAGEMENT

Serial No.: 09/943,193

Filed: August 29, 2001



CERTIFICATE UNDER 37 CFR §1.8 I hereby certify that this **RESPONSE TO RESTRICTION REQUIREMENT and Transmittal** and the paper(s), as described herein are being deposited with the United States Postal Service, in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on this

22nd day of November, 2002.

Signature

Sue McCoy

Printed Name

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TECHNOLOGY CENTER R3700

BOX NON-FEE AMENDMENT

Commissioner for Patents
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Response to Restriction Requirement
☒ Return Postcard

- ☐ Applicant hereby petitions for _____ months' extension of time. If an additional extension of time is required, please consider this petition therefor.
- ☐ Please charge Deposit Account No. 13-2546 \$ _____ for extension of time and \$ _____ For _____ for a
TOTAL OF \$.00
- ☒ Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.
- ☒ Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

11/22/02
Date

Girma Wolde-Michael
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